

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Tanonaka,	Rod	S.	808-543-5865		
MAILING ADDRESS (Street)			FAX		
P. O. Box 2750			808-532-5864		
(City)	(State)	(Zip	Code)		
Honolulu	ні	9684	96840-0001		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Hawaiian Electric Company, Inc.			808-543-5865		
MAILING ADDRESS (Street)			FAX		
P. O. Box 2750			808-532-5864		
(City)	(State)	(Zip	Code)		
Honolulu	HI	96840	-0001		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Maui Electric Company, Ltd.		808-871-8461	
MAILING ADDRESS (Street)		FAX	
P. O. Box 398		808-871-2350	
(City)	(State)	(Zip Code)	
Kahului	HI	96733-6898	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Marcia Wright		808-543-5860	
MAILING ADDRESS (Street)		FAX	
P. O. Box 2750		808-532-5864	
(City)	(State)	(Zip Code)	
Honolulu	HI	96840-0001	

PART	III DESCRIPTION OF SUE	BJECTS UPON WHICH YOU	EXPECT TO LOBBY		
	Agriculture	Education	Human Services	XX	Science, Technology & Economic Development
XX	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs		Tourism & Recreation
XX	Consumer Protection & Commerce	Hawaiian Affairs XX	Labor & Employment	XX	Transportation
	Culture, Arts, Historic Preservation	Health XX	Planning, Land & Water Use Management		Other: (indicate below)
xx	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the	information furnished above is, to	the best of my knowledge, correct and complete.	
Total 1	_b_	11/14/05	
	(Signature of Lobbyist)	(Date)	_
PART V AUTHORIZATIO	N TO LOBBY		
NAME	, TI	TLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE	ΞD
Molly M. Egged		Secretary	
NAME OF ORGANIZATION (if app	licable)	TELEPHONE	
Maui Electric Company,	Ltd.	808-543-7728	
MAILING ADDRESS (Street)		FAX	
P. O. Box 2750		808-543-7523	
(City)	(State)	(Zip Code)	
Honolulu	HI	96840-0001	
I hereby authorize the a	bove - named person to engage ii	n lobbying activities on behalf of the undersigned.	
m >	n	11/18/05	
(Šignaturė of Aut	thorizing Officer or Person Represented)	(Date)	